

**CERTIFICATE OF SERVICE**

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:  
JOM Pharmaceutical Services, Inc.  
Attn: David Dykhous  
c/o Patterson Belknap Webb & Tyler LLP  
1133 Avenue of the Americas  
New York, NY 10036-6710

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1133 Avenue of the Americas  
New York, NY 10036-6710

JOM Pharmaceutical Services Inc.  
c/o Patterson Belknap Webb & Tyler LLP  
Attn: Brian P. Guiney, EVP General Counsel  
1133 Avenue of The Americas  
New York, NY 10036-6710

☒ Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:  
Jom Pharmaceutical Services, Inc.  
111 8th Ave.  
New York, NY 10011-5201

David W. Dykhous  
Patterson Belknap Webb & Tyler LLP  
1133 Avenue of the Americas  
New York, NY 10036-6710

The Corporation Trust Company,  
R/A for JOM Pharmaceutical Services, Inc.  
Corporation Trust Center  
1209 Orange St  
Wilmington DE 19801

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name: Gini L. Downing  
Pachulski Stang Ziehl & Jones LLP  
10100 Santa Monica Blvd.  
13<sup>th</sup> Floor  
Business Address: Los Angeles, CA 90067

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<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <div style="display: flex; justify-content: space-between;"> <span>X </span> <span><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> </div> </p> <p>B. Received by (Printed Name)  <div style="display: flex; justify-content: space-between;"> <span>B KARI</span> <span>C. Date of Delivery 2/01</span> </div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No.</p>
<p>1. Article Addressed to:</p> <p>David W. Dykhous  Patterson Belknap Webb &amp; Tyler LLP  1133 Avenue of the Americas  New York, NY 10036-6710</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div style="width: 35%;"> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>
<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 3936 6534</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>

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<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 3936 9436</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>